

Neonatal Insulin Action Impairs Hypothalamic Neurocircuit Formation in Response to Maternal High-Fat Feeding

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SUMMARY

Maternal metabolic homeostasis exerts long-term effects on the offspring's health outcomes. Here, we demonstrate that maternal high-fat diet (HFD) feeding during lactation predisposes the offspring for obesity and impaired glucose homeostasis in mice, which is associated with an impairment of the hypothalamic melanocortin circuitry. Whereas the number and neuropeptide expression of anorexigenic proopiomelanocortin (POMC) and orexigenic agouti-related peptide (AgRP) neurons, electrophysiological properties of POMC neurons, and posttranslational processing of POMC remain unaffected in response to maternal HFD feeding during lactation, the formation of POMC and AgRP projections to hypothalamic target sites is severely impaired. Abrogating insulin action in POMC neurons of the offspring prevents altered POMC projections to the preautonomic paraventricular nucleus of the hypothalamus (PVH), pancreatic parasympathetic innervation, and impaired glucose-stimulated insulin secretion in response to maternal overnutrition. These experiments reveal a critical timing, when altered maternal metabolism disrupts metabolic homeostasis in the offspring via impairing neuronal projections, and show that abnormal insulin signaling contributes to this effect.

INTRODUCTION

The sustained global rise in the prevalence of obesity and type 2 diabetes mellitus (T2DM) over the last decades increasingly affects young adults and children (Ludwig and Ebbeling, 2001;

Sabin and Shield, 2008). Thus, 15%–40% of pregnancies are complicated by maternal obesity and 3%–10% by maternal diabetes (Anna et al., 2008; Yu et al., 2013). Several human epidemiological studies have demonstrated that maternal obesity and maternal diabetes and hyperglycemia—even independent of an elevated body mass index or genetic background—predispose the offspring to the development of metabolic disorders (Clausen et al., 2008; Deierlein et al., 2011; Pedersen, 1971). To date, little is known about the cellular and molecular mechanisms underlying this phenomenon known as “metabolic programming.” Nonetheless, a broad range of studies has demonstrated that an abnormal hormonal milieu during development triggers persistent changes in the function of hypothalamic neurocircuits, which physiologically regulate energy and glucose metabolism (Plagemann, 2012; Sullivan and Grove, 2010). The hypothalamus integrates hormonal and nutritional signals from the periphery of the organism and conveys them into neuroendocrine and/or autonomic responses (Belgardt and Brüning, 2010; Marino et al., 2011; Vogt and Brüning, 2013). Key players in this neuronal network are the anorexigenic POMC and the orexigenic AgRP/neuropeptide Y (NPY)-coexpressing neurons (Gropp et al., 2005; Luquet et al., 2005). These functionally antagonistic neuronal populations reside in the arcuate nucleus of the hypothalamus (ARH) and mediate their effects via second-order neurons mainly located in other key parts of the hypothalamus, such as the PVH, the dorsomedial nucleus of the hypothalamus (DMH), and the lateral hypothalamic area (LH) (Könnner et al., 2009).

In contrast to humans, development of these hypothalamic neurocircuits in rodents is not completed at birth but continues until the third week of postnatal life. Whereas neuronal cell numbers are determined in utero, formation of functional neuronal networks with the ontogeny of axonal projections and synaptic connections occurs postnatally during the lactation phase (Bouret et al., 2004a; Grayson et al., 2006; Koutcherov et al., 2003). Importantly, as a result of impaired maternal health, exposure to an altered developmental environment during both of these stages

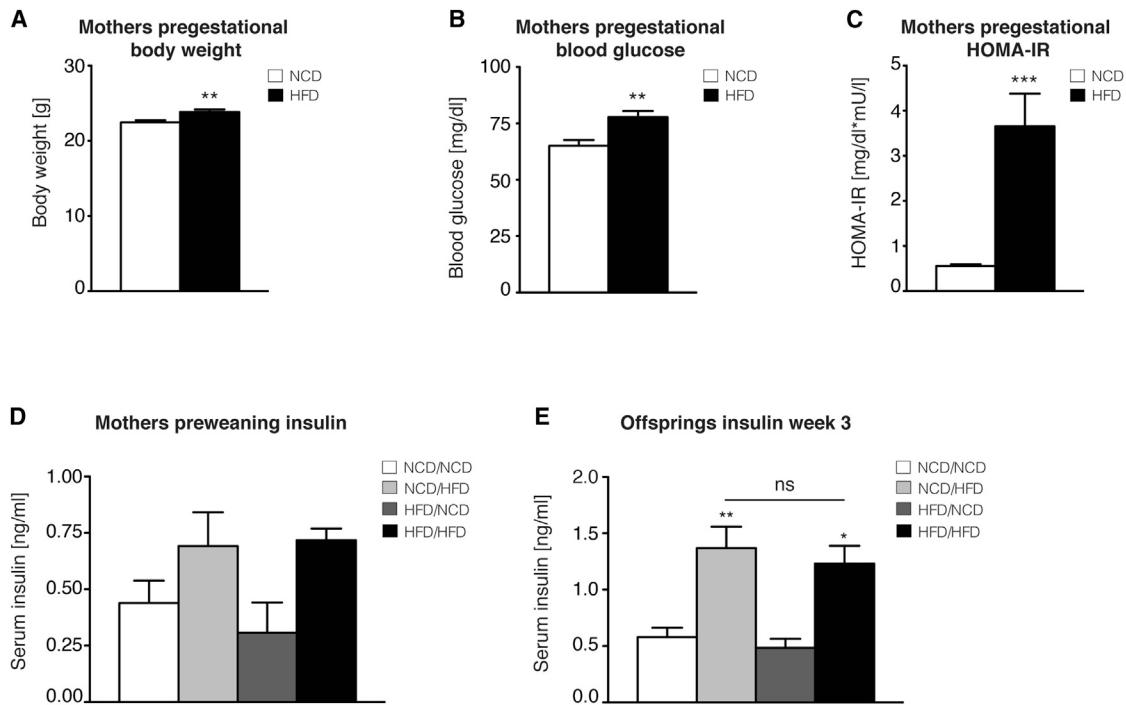


Figure 1. Maternal HFD Feeding Induces Pregestational Metabolic Abnormalities and Hyperinsulinemia during Lactation in the Offspring (A–C) Maternal (A) pregestational body weight, (B) fasted blood glucose levels, and (C) homeostatic model assessment indices of insulin resistance (HOMA-IR) ($n = 48$ vs. 50). (D) Maternal preweaning serum insulin levels in the fed state ($n = 4$ for all groups). (E) Serum insulin levels in the offspring at 3 weeks of age ($n = 9$ for all groups). NCD, normal chow diet; HFD, high-fat diet. Data are presented as mean \pm SEM. ** $p < 0.01$, *** $p < 0.001$ versus all other groups within the same diet after week 8 if not indicated otherwise. See also [Figure S1](#) for an overview of all experimental groups.

results in gross changes of these hypothalamic neurocircuits, including differential neuropeptide gene expression and altered hypothalamic neuronal cell numbers, as well as impaired formation of hypothalamic axonal projections (Plagemann, 2012; Sullivan and Grove, 2010). However, differences in study design—in particular, in severity, duration, and onset of abnormal environmental cues (Kim et al., 2011; Plagemann, 2012)—has made it challenging to clearly define (1) the exact timing requirements of metabolic insults to affect the metabolic fate of the offspring and (2) the specific molecular mechanisms underlying these persistent cellular changes. Thus, we aimed to establish a mouse model of metabolic programming that would allow us to identify the most sensitive period of hypothalamic neurocircuit development in response to maternal HFD feeding. Importantly, we further employed this model to delineate the distinct role of neuron-specific insulin signaling in mediating the lifelong predisposition for metabolic disorders in offspring of obese and/or hyperglycemic mothers (Horvath and Bruning, 2006).

RESULTS

Critical Timing of Maternal High-Fat Feeding on Metabolic Programming in the Offspring

To determine the most vulnerable time frame of hypothalamic neurocircuit development in response to maternal HFD feeding,

we fed female C57Bl/6 virgin mice either a control normal chow diet (NCD) or a HFD for 8 weeks prior to gestation (Figure S1 available online). HFD feeding for the period of 7 weeks resulted in moderately increased body weight (Figure 1A), elevated fasting blood glucose concentrations (Figure 1B), and an ~ 7 -fold increase in the homeostatic model assessment indices of insulin resistance (HOMA-IR) (Figure 1C), indicating that pregestational HFD feeding causes insulin resistance. During gestation, the mice were maintained on the same diet that they received during the pregestational period. At the day of birth (DOB), litter size was adapted to 6–7 pups per mother to assure the same quantitative nutritional availability for each litter, as small litter size increases the propensity for metabolic diseases in the offspring during adulthood (Habbout et al., 2013). At DOB, half of the NCD-fed mothers were exposed to a HFD (i.e., NCD/NCD and NCD/HFD), and half of the mothers fed a HFD pregestationally and during gestation were exposed to a NCD during the period of lactation (i.e., HFD/NCD and HFD/HFD). Interestingly, HFD exposure during lactation, independent of the prenatal maternal diet, resulted in a slight elevation of serum insulin concentrations in the mothers (Figure 1D) and in increased serum insulin levels in the offspring at 3 weeks of age (Figure 1E). After weaning, all offspring were fed a NCD until the age of 8 weeks, after which each group of offspring was divided into groups either exposed to a NCD or a HFD for the following 12 weeks, resulting in a total

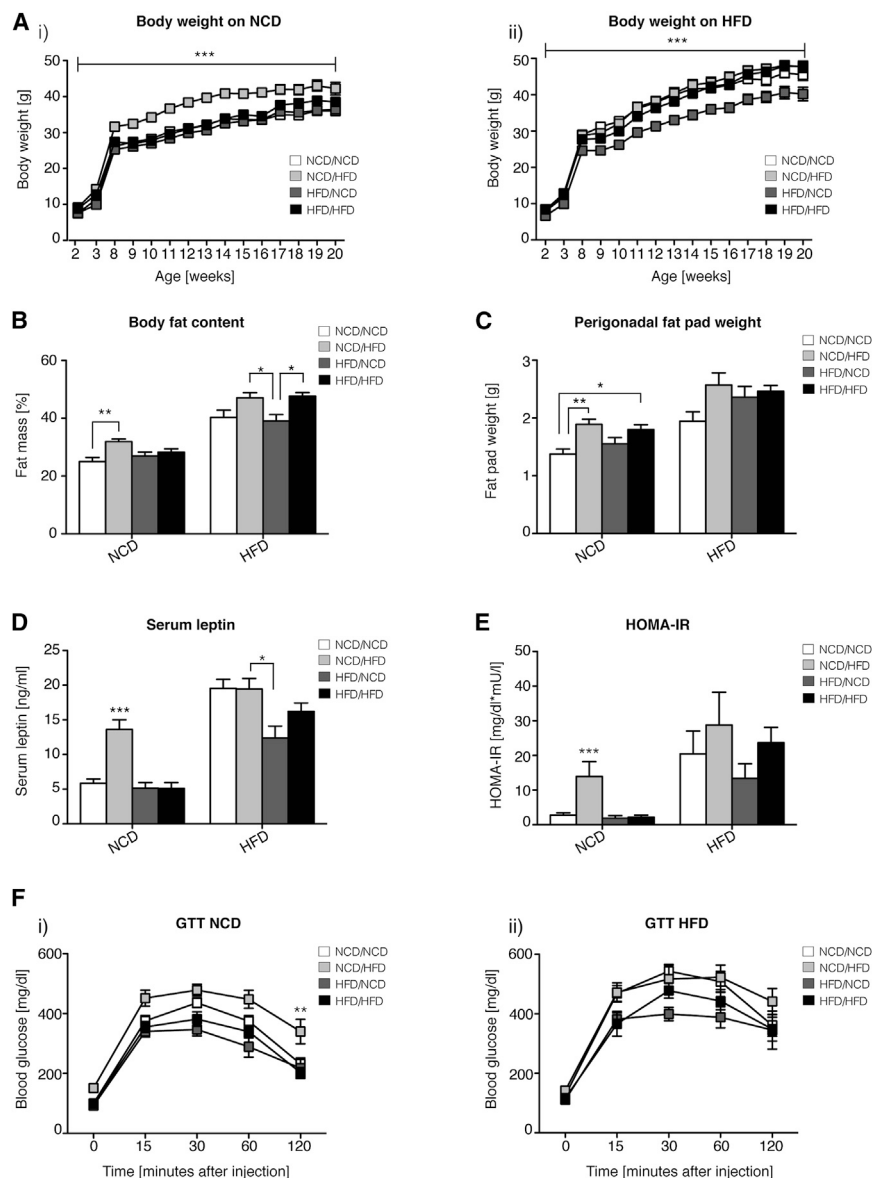


Figure 2. Maternal HFD Feeding Exclusively during Lactation Predisposes the Offspring for Metabolic Disorders

The following metabolic parameters were analyzed in all eight groups of male offspring.

(A–F) (A) Body weight on (i) normal chow diet (NCD; $n = 14$ vs. 10 vs. 14 vs. 13) or (ii) high fat diet (HFD; $n = 10$ vs. 8 vs. 13 vs. 12), (B) body fat content and (C) perigonadal fat pad weight at 20 weeks ($n_{\text{NCD}} = 14$ vs. 10 vs. 13 vs. 12 and $n_{\text{HFD}} = 10$ vs. 8 vs. 12 vs. 11), (D) fasted serum leptin levels and (E) homeostatic model assessment indices of insulin resistance (HOMA-IR) at 15 weeks ($n_{\text{NCD}} = 13$ vs. 8 vs. 11 vs. 9 and $n_{\text{HFD}} = 9$ vs. 8 vs. 11 vs. 11) and (F) glucose tolerance tests (GTT) at 15 weeks of age on (i) NCD ($n = 13$ vs. 10 vs. 14 vs. 13) and (ii) HFD ($n = 10$ vs. 8 vs. 9 vs. 12).

Data are presented as mean \pm SEM. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ versus all other groups within the same diet after 8 weeks of age unless otherwise indicated. See also Figure S2 for data on female offspring.

(Figure 2E) and glucose intolerance (Figure 2F) when compared to any other group of offspring. Notably, although most metabolic abnormalities were only seen in male NCD/HFD mice when exposed to a NCD, female offspring from NCD/HFD mothers displayed a similar obese phenotype only when challenged with a HFD after 8 weeks of age (Figure S2). Taken together, exposure of mothers to a HFD exclusively during the lactation phase exerts the strongest effects on alterations in energy and glucose homeostasis in both male and female offspring.

Effects of Maternal HFD Feeding during Lactation on Hypothalamic Neurocircuits

Next, we focused on comparing NCD/NCD and NCD/HFD male offspring to

of 8 different groups of offspring that differed in the prenatal maternal diet, the postnatal maternal diet, and in the diet of the offspring after 8 weeks of age (Figure S1).

Maternal HFD Feeding Exclusively during Lactation Predisposes the Offspring for Metabolic Disorders

We first subjected all groups of offspring to a metabolic characterization. When male offspring were fed a NCD, only mice whose mothers were fed a HFD during lactation (NCD/HFD) displayed significantly increased body weight throughout their adult life compared to all other groups (Figure 2A). Consistently, NCD/HFD mice showed elevated body fat content (Figure 2B), increased perigonadal fat pad weight (Figure 2C), and elevated serum leptin levels (Figure 2D) compared to NCD/NCD mice. Moreover, NCD/HFD mice showed enhanced insulin resistance

to define the molecular mechanism(s) underlying the obese and glucose-intolerant phenotype of NCD/HFD mice. First, we determined mRNA expression of hypothalamic neuropeptides critically involved in the regulation of energy and glucose homeostasis. Although there was no difference in the expression of ARH neuropeptide genes, i.e., *Pomc*, *Agrp*, and *Npy* (Figure 3A), mRNA expression of one of their anorexigenic downstream targets, thyrotropine-releasing hormone (*Trh*), which is predominantly but not exclusively expressed in the PVH (Segerson et al., 1987), was significantly lower in NCD/HFD offspring (Figure 3B). These experiments indicated that, in the absence of alterations of *Pomc* and *Agrp* expression in the ARH, expression of one of the melanocortin-effector pathways is impaired. To determine whether hypothalamic inflammation contributed to the impairment of the melanocortin circuitry, we analyzed mRNA

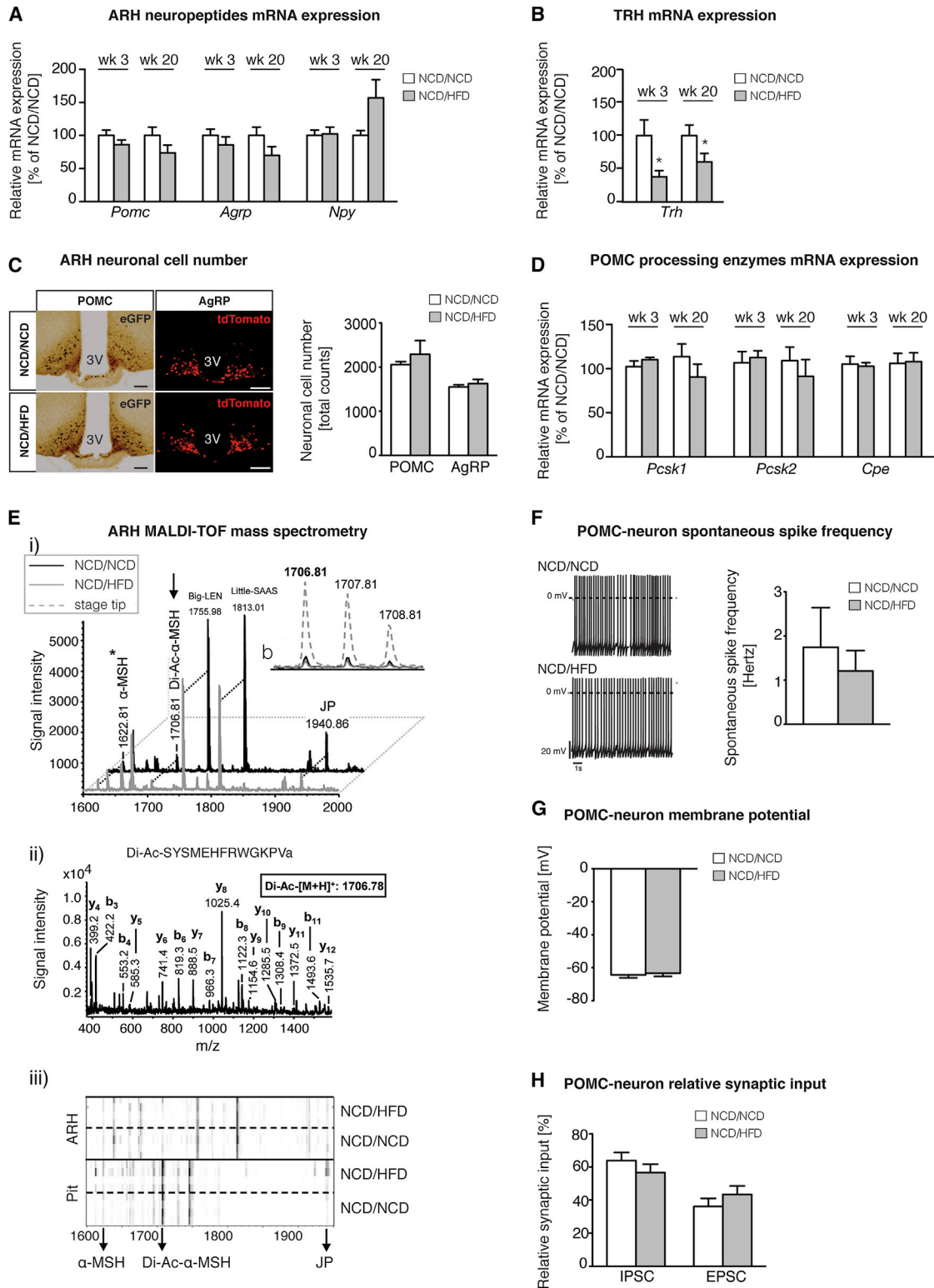


Figure 3. Effects of Maternal HFD Feeding during Lactation on Hypothalamic Neurocircuits

(A and B) All of the following analyses were performed in NCD/NCD and NCD/HFD male offspring. Quantitative real-time PCR analysis of hypothalamic (A) *pro-opiomelanocortin (Pomc)*, *agouti-related peptide (Agrp)*, *neuropeptide Y (Npy)*, and (B) *thyrotropin-releasing hormone (Trh)* mRNA expression at 3 (n = 9 vs. 11) and 20 weeks (n = 8 vs. 9) of age on NCD.

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expression of classical inflammatory markers in the hypothalamus. However, we could not detect differences in the hypothalamic expression of any of the genes analyzed between NCD/NCD and NCD/HFD offspring (Figure S3). Next, we analyzed the effect of postnatal maternal HFD feeding on the cell number of ARH neurons by employing our postnatal feeding paradigm to female C57Bl/6 mice crossed to male transgenic mice expressing the enhanced green fluorescent protein (eGFP) under the transcriptional control of the POMC promoter (POMC^{eGFP}) (Cowley et al., 2001)—and further, to females carrying a floxed Rosa26-tdTomato allele encoding red fluorescent protein (The Jackson Laboratories) crossed to male mice expressing Cre recombinase under the transcriptional control of the AgRP promoter (Tong et al., 2008) to generate AgRP^{tdTomato} mice. Consistent with unaltered *Pomc*- and *Agrp/Npy* expression, there was no difference in the number of eGFP-positive POMC or tdTomato-positive AgRP neurons between NCD/NCD and NCD/HFD offspring (Figure 3C).

Of note, AgRP can be modulated by but does not depend upon posttranslational modifications to decrease TRH expression in the PVH (Creemers et al., 2006; Fekete et al., 2001). However, POMC has to undergo proprotein-convertase (PC)-1, -2, and carboxypeptidase (CPE)-mediated processing to generate the active neuropeptide α -melanocyte-stimulating-hormone (α -MSH), which exerts its anorexigenic functions, in part, via upregulation of TRH (Fekete et al., 2000). Thus, we investigated whether POMC processing might be impaired in NCD/HFD offspring. Hypothalamic mRNA expression of *Pcsk1*, *Pcsk2* (respectively, PC-1 and PC-2), and *Cpe* did not show any differences between groups of offspring (Figure 3D). Moreover, MALDI-TOF mass spectrometry of dissected ARH samples showed nearly identical peptide signals, including ions that are mass identical with products of the POMC precursor protein (i.e., α -MSH, diacetylated α -MSH, and joining peptide) (Pritchard and White, 2007) between NCD/NCD and NCD/HFD offspring (Figure 3E).

Next, we analyzed whether maternal HFD feeding during lactation had an effect on the electrophysiological properties of POMC neurons in the offspring. Whole-cell and perforated patch-clamp recordings on POMC^{eGFP} transgenic NCD/NCD and NCD/HFD offspring indicated that maternal HFD feeding during lactation did not result in any differences in spontaneous firing frequency of POMC neurons (Figure 3F), POMC neuron resting membrane potential (Figure 3G), or the relative synaptic

input onto POMC neurons (Figure 3H). Collectively, these data demonstrate that maternal HFD feeding exclusively during lactation permanently decreases anorexigenic TRH expression, which is a target of POMC and AgRP neurons of the ARH, without altering ARH neuropeptide gene expression, ARH neuronal cell number, neuropeptide processing of POMC to diacetylated α -MSH, and/or electrophysiological properties of POMC neurons.

Maternal HFD Feeding Exclusively during Lactation Impairs Axonal Projections of ARH Neurons to Intrahypothalamic Target Sites

Considering that the strongest impact on metabolic fate of the offspring resulted from altering maternal diet selectively during lactation, the phase of hypothalamic neurocircuit development in which axonal projections are formed in rodents, we next analyzed the immunoreactivity of α -MSH- and AgRP-containing fibers in three of the main ARH downstream hypothalamic projection areas: the PVH, DMH, and LH. Of note, the PVH consists of distinct functional subcompartments that regulate neuroendocrine, behavioral, and autonomic responses to control energy and glucose homeostasis (Biag et al., 2012). Neuroendocrine neurons, such as TRH neurons, reside mainly in the anterior two-thirds of the PVH (referred to as PVH_{ant}), whereas preautonomic neurons are predominantly found in the posterior part of the PVH (referred to as PVH_{post}) (Biag et al., 2012). Due to this distinct compartmentalization and the associated diverse functions of the PVH, we differentiated both the PVH_{ant} and the PVH_{post} in our analysis. Quantification of the fiber density in the PVH_{ant} (Figure 4A), the PVH_{post} (Figure 4B), the DMH (Figure 4C), and the LH (Figure 4D) revealed robust reductions in both the α -MSH and AgRP fiber densities in NCD/HFD offspring compared to NCD/NCD offspring. Thus, maternal HFD feeding results in a consistent decrease of ARH neuronal fiber densities in hypothalamic areas critically involved in the neuroendocrine and autonomic regulation of energy homeostasis, likely due to impaired axon formation in the offspring.

Deciphering the Role of Neuronal Insulin Signaling in the Predisposition for Metabolic Disorders in NCD/HFD Offspring

Although maternal HFD feeding during lactation did not affect body weight, it significantly increased the glucose and insulin

(C) Analysis of POMC (left) and AgRP (right) neurons in the arcuate nucleus of the hypothalamus (ARH) in POMC^{eGFP} and AgRP^{tdTomato} mice, respectively, at 8 weeks of age ($n_{\text{POMC}} = 3$ vs. 3 and $n_{\text{AgRP}} = 4$ vs. 5; scale bar, 100 μm).

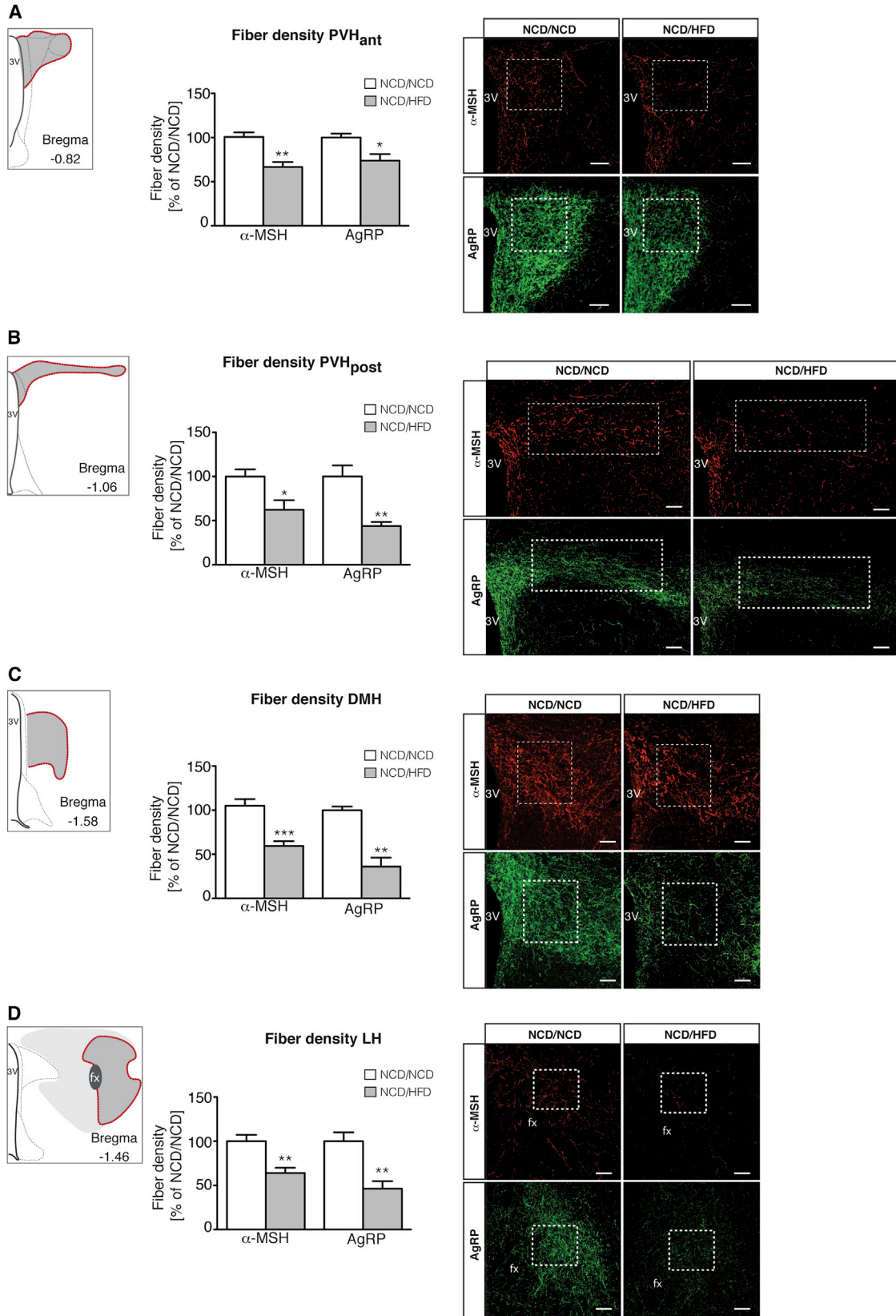
(D) Quantitative real-time PCR analysis of hypothalamic *proprotein convertase subtilisin/kexin type 1 (Pcsk1)*, *proprotein convertase subtilisin/kexin type 2 (Pcsk2)*, and *carboxypeptidase E (Cpe)* mRNA expression at 3 ($n = 9$ vs. 11) and 20 weeks ($n = 8$ vs. 9) of age on NCD.

(E) MALDI-TOF mass spectra obtained by profiling extracts of the ARH at 20 weeks of age ($n = 4$ vs. 4). Prominent ion signals are labeled. (i) Comparison of mass fingerprints showing nearly identical ion signals, including ions that are mass identical with products of the POMC precursor (α -MSH, Di-Ac-MSH, joining peptide [JP]). Fragmentation experiments confirmed the sequences of all labeled peptides; the ion signal at 1622.81 (asterisk) is composed of two substances (including α -MSH). The arrow marks processed and biologically more potent diacetylated α -MSH. (ii) Isotopic pattern and signal intensity of diacetylated α -MSH before (lower traces) and after Stage Tip concentration. (iii) MALDI-TOF/TOF fragment spectrum of diacetylated α -MSH purified and concentrated with Stage Tips. Y- and b-type fragment ions are labeled, which confirmed the amino acid sequence of di-acetylated α -MSH. (iii) Gel view of mass spectra ($n = 4$ each) from preparation of ARH and pituitary gland (Pit) demonstrating identical processing of *Pomc*-products in all samples.

(F and G) (F) Spontaneous spike frequency and (G) membrane potential of POMC^{eGFP} neurons obtained by perforated patch-clamp recordings ($n = 13$ neurons obtained from $n = 3$ animals for each group).

(H) Whole-cell recordings showing the relative synaptic input on POMC^{eGFP} neurons ($n = 13$ vs. 14 neurons obtained from $n = 5$ vs. 8 mice).

Data are presented as mean \pm SEM. * $p < 0.05$ versus all other groups at the same age. See also Figure S3 for hypothalamic mRNA expression of inflammatory markers at 3 and 20 weeks of age.



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content of the milk in NCD/HFD mothers (Figure S4), which was associated with a distinct hyperinsulinemia in the NCD/HFD offspring at 3 weeks of age (Figure 1E). Thus, we aimed to define the potential contribution of neuronal insulin signaling in impairing melanocortin projections in offspring of postnatally HFD-fed mothers. To this end, we specifically inactivated the insulin receptor (IR) from POMC neurons in NCD/NCD and NCD/HFD offspring by crossing female IR floxed/floxed ($IR^{fl/fl}$) mice with male $IR^{fl/fl}$ mice expressing Cre recombinase under the control of the POMC promoter (Balthasar et al., 2004; Brüning et al., 1998; Könnner et al., 2007) and further subjected the mothers to our postnatal feeding paradigm. All groups of offspring were challenged with a HFD after 8 weeks of age, resulting in 4 groups of offspring differing in both the maternal diet during lactation and the presence (NCD/NCD ctrl and NCD/HFD ctrl) and absence (NCD/NCD POMC $^{\Delta IR}$ and NCD/HFD POMC $^{\Delta IR}$) of IR expression on POMC neurons. Similar to our previous results, maternal HFD feeding exclusively during lactation did not alter body weight between NCD/NCD ctrl and NCD/HFD ctrl offspring on HFD and also had no effect on the respective POMC-specific IR-deficient offspring (Figure 5A). Despite showing no increases in body weight, NCD/HFD offspring developed greater adiposity independently of their genotype, as revealed by elevated body fat content (Figure 5B), increased perigonadal fat pad weight (Figure 5C), and elevated serum leptin levels (Figure 5D). Similarly, both measures of insulin sensitivity, i.e., the HOMA-IR (Figure 5E) and insulin tolerance tests (ITT) (Figure 5F), showed tendencies toward an impaired insulin sensitivity in both NCD/HFD ctrl and NCD/HFD POMC $^{\Delta IR}$ offspring. Thus, POMC-specific inactivation of IR signaling affect neither adiposity nor the impaired insulin sensitivity in offspring from mothers fed a HFD exclusively during lactation.

However, when subjected to a glucose tolerance test (GTT), NCD/HFD ctrl mice displayed a pronounced glucose intolerance, which was rescued to NCD/NCD levels in NCD/HFD POMC $^{\Delta IR}$ offspring (Figure 5G). Together, these results point to a distinct role for elevated neuronal insulin signaling in response to maternal postnatal HFD feeding in predisposing the offspring for an impaired glucose tolerance throughout lifetime.

POMC-Specific IR Deficiency in NCD/HFD Offspring Prevents Altered Axonal Projections of POMC Neurons to Preautonomic PVH

To decipher persistent hypothalamic cellular changes that are responsible for the metabolic rescue of glucose tolerance in NCD/HFD POMC $^{\Delta IR}$ mice, we analyzed fiber densities of ARH neurons to the distinct subcompartments of the PVH at 8 and 20 weeks of age, as well as to the DMH and LH at 20 weeks of age. Loss of the IR specifically on POMC neurons did not change

α -MSH or AgRP fiber densities to any hypothalamic target site in NCD/NCD offspring at any age (Figures 6A and 6B, S5A, and S5B). Moreover, maternal HFD feeding exclusively during lactation resulted in a decrease of α -MSH fiber density in the neuroendocrine PVH $_{ant}$ in young and old NCD/HFD animals (Figure 6A), as well as in the DMH (Figure S5A) and LH (Figure S5B), independent of their genotype. However, although NCD/HFD POMC $^{\Delta IR}$ mice displayed a similar decrease in α -MSH fiber density in the neuroendocrine PVH $_{ant}$ region as did their control litter mates (Figure 6A), specific inactivation of the IR on POMC neurons protected against a decrease in the α -MSH fiber density in the preautonomic PVH $_{post}$ compartment, resulting in a persistent restoration of α -MSH fiber density in NCD/HFD POMC $^{\Delta IR}$ offspring close to NCD/NCD levels both at 8 and 20 weeks of age (Figure 6B).

In contrast, AgRP fiber densities were significantly reduced in NCD/HFD offspring independent of their genotype in the PVH $_{ant}$, DMH, LH, and most importantly, also the PVH $_{post}$ at the age of 20 weeks (Figures 6A, 6B, S5A, and S5B). Collectively, hyperinsulinemia in response to maternal HFD feeding during lactation impairs the axonal outgrowth of POMC neurons specifically to the preautonomic compartment of the PVH.

Effects of Maternal HFD Feeding during Lactation and POMC-Specific IR Deficiency on Pancreatic β Cells

Reciprocal neural connections between the hypothalamus and preganglionic motor neurons of the autonomic nervous system play an important role in the regulation of energy and glucose homeostasis (Marino et al., 2011). Therefore, we aimed to identify changes in the autonomic tone in peripheral organs that could possibly be linked to the specific restoration of α -MSH axonal projections to the preautonomic compartment of the PVH $_{post}$ in NCD/HFD POMC $^{\Delta IR}$ mice. Given the distinct rescue of glucose tolerance in POMC-specific IR-deficient NCD/HFD offspring in the absence of alterations in insulin sensitivity, we analyzed the parasympathetic innervation of pancreatic β cells by staining for vesicular acetylcholine transporter (vAChT) (Rossi et al., 2005). Strikingly, the number of vAChT-immunoreactive buttons per islet area was significantly reduced in NCD/HFD ctrl offspring but was rescued to NCD/NCD levels in NCD/HFD POMC $^{\Delta IR}$ mice (Figure 7A). In line with the decreased parasympathetic innervation of pancreatic β cells in NCD/HFD ctrl mice, glucose-stimulated insulin secretion was significantly decreased compared to NCD/HFD POMC $^{\Delta IR}$ offspring (Figure 7B). Consistently, C-peptide levels were decreased 5 min after intravenous glucose injection in NCD/HFD ctrl offspring (Figure 7C). In contrast, this defect in insulin secretion in NCD/HFD ctrl mice was not seen upon L-arginine stimulation (Figure 7D) and was not associated with glucose-stimulated

Figure 4. Maternal HFD Feeding Exclusively during Lactation Impairs Axonal Projections of ARH Neurons to Intrahypothalamic Target Sites (A–D) Images and quantification of α -melanocyte-stimulating hormone (α -MSH) and agouti-related peptide (AgRP) immunoreactive fibers innervating (A) the anterior endocrine paraventricular nucleus of the hypothalamus (PVH $_{ant}$; $n_{\alpha\text{-MSH}} = 6$ vs. 7 and $n_{\text{AgRP}} = 7$ vs. 7), (B) the posterior preautonomic PVH $_{post}$ ($n_{\alpha\text{-MSH}} = 5$ vs. 5 and $n_{\text{AgRP}} = 4$ vs. 4), (C) the dorsomedial nucleus of the hypothalamus (DMH; $n_{\alpha\text{-MSH}} = 7$ vs. 7 and $n_{\text{AgRP}} = 4$ vs. 5), and (D) the lateral hypothalamic area (LH; $n_{\alpha\text{-MSH}} = 6$ vs. 6 and $n_{\text{AgRP}} = 6$ vs. 4) at 8 weeks of age. Schematics illustrating the localization in the CNS of the respective hypothalamic nuclei presented in the pictures were based on and modified from Swanson, 1998. Coordinates were adapted according to Franklin and Paxinos, 1997. White boxes indicate area of quantification. 3V, third ventricle; fx, fornix. Scale bar, 100 μ m. Data are presented as mean \pm SEM. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ versus all other groups of offspring.

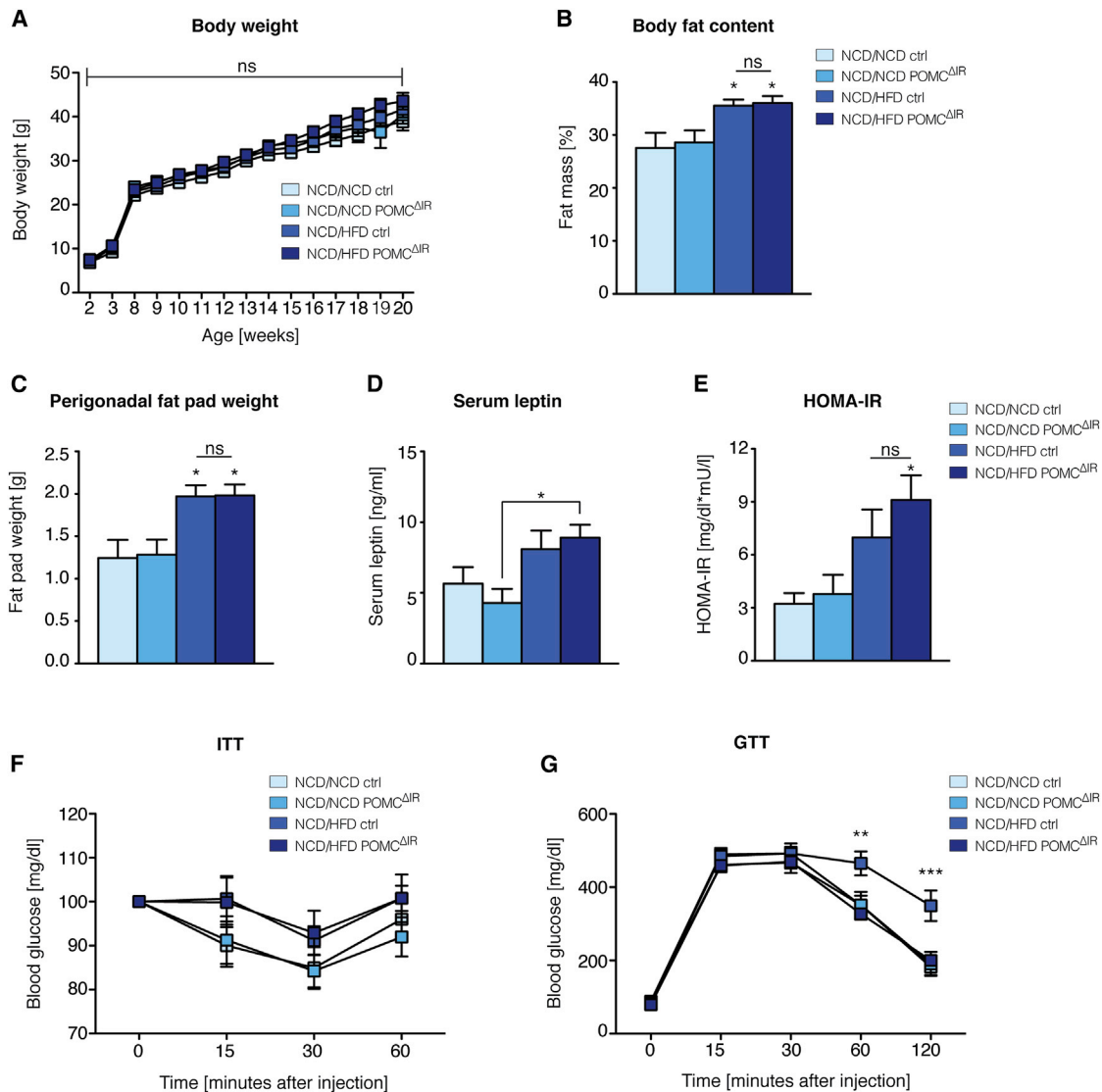


Figure 5. POMC-Specific IR Deficiency Does Not Protect from Adiposity or Insulin Resistance but Improves Glucose Tolerance in NCD/HFD Offspring

(A–C) (A) Body weight ($n = 10$ vs. 13 vs. 14 vs. 14), (B) body fat content ($n = 9$ vs. 12 vs. 14 vs. 14), and (C) perigonadal fat pad weight ($n = 10$ vs. 12 vs. 14 vs. 14) at 20 weeks of age.

(D–G) (D) Fasted serum leptin levels ($n = 9$ vs. 9 vs. 9 vs. 14) and (E) homeostatic model assessment indices of insulin resistance (HOMA-IR; $n = 6$ vs. 10 vs. 10 vs. 14) at 15 weeks, (F) insulin tolerance tests (ITT) at 14 weeks ($n = 16$ vs. 19 vs. 20 vs. 19), and glucose tolerance tests (GTT) at 15 weeks of age ($n = 10$ vs. 13 vs. 13 vs. 14).

Data are presented as mean \pm SEM. $*p < 0.05$, $**p < 0.01$, and $***p < 0.001$ versus all other groups of offspring unless otherwise indicated. See also Figure S4 for data on milk composition.

alterations in levels of free fatty acids (FFA) or glucagon-like peptide 1 (GLP-1) (Figure S6). Moreover, neither maternal HFD feeding during lactation nor POMC-specific IR deficiency had any effect on the average pancreatic β cell mass or the average islet size of the pancreas (Figure 7E). Taken together, our results indicate that POMC-specific IR deficiency improves glucose-stimulated insulin secretion, presumably in part via modulation of the parasympathetic tone in offspring from postnatally HFD-fed mothers.

DISCUSSION

“Heavy mothers have heavy babies” is one oversimplified conclusion from studies demonstrating that maternal obesity, diabetes, and hyperglycemia during pregnancy and lactation have long-term effects on the offspring’s future health prognoses (Plagemann, 2012; Sullivan and Grove, 2010). To shed more light on the molecular processes underlying this phenomenon, also referred to as “metabolic programming,” we sought to identify

the period(s) of hypothalamic neurocircuit development most strongly perturbed by maternal HFD feeding to impair energy and glucose homeostasis in the offspring. Our study not only shows that the lactation period in rodents is most sensitive to the altered developmental environment in response to maternal HFD feeding, predisposing the offspring for metabolic diseases as described before (Sun et al., 2012), but importantly demonstrates that the short exposure to HFD during this distinct developmental phase is sufficient to predispose the offspring for metabolic disorders, at least in part via impairing ARH neuronal innervation of intrahypothalamic target areas. This finding is supported by other models of postnatal overnutrition, such as litter size adaptation and cross-fostering experiments demonstrating that an altered milieu during early postnatal environment in rodents is not only sufficient to predispose for metabolic disorders but can partly override prenatal factors and genetic predisposition to develop obesity (Chen et al., 2008; Glavas et al., 2010; Gorski et al., 2006). Importantly, the sustained impairment of melanocortin projections throughout lifetime in the offspring from mothers exposed to HFD feeding during lactation clearly highlights the apparent lack of plasticity of the CNS during adulthood to compensate for this developmental defect.

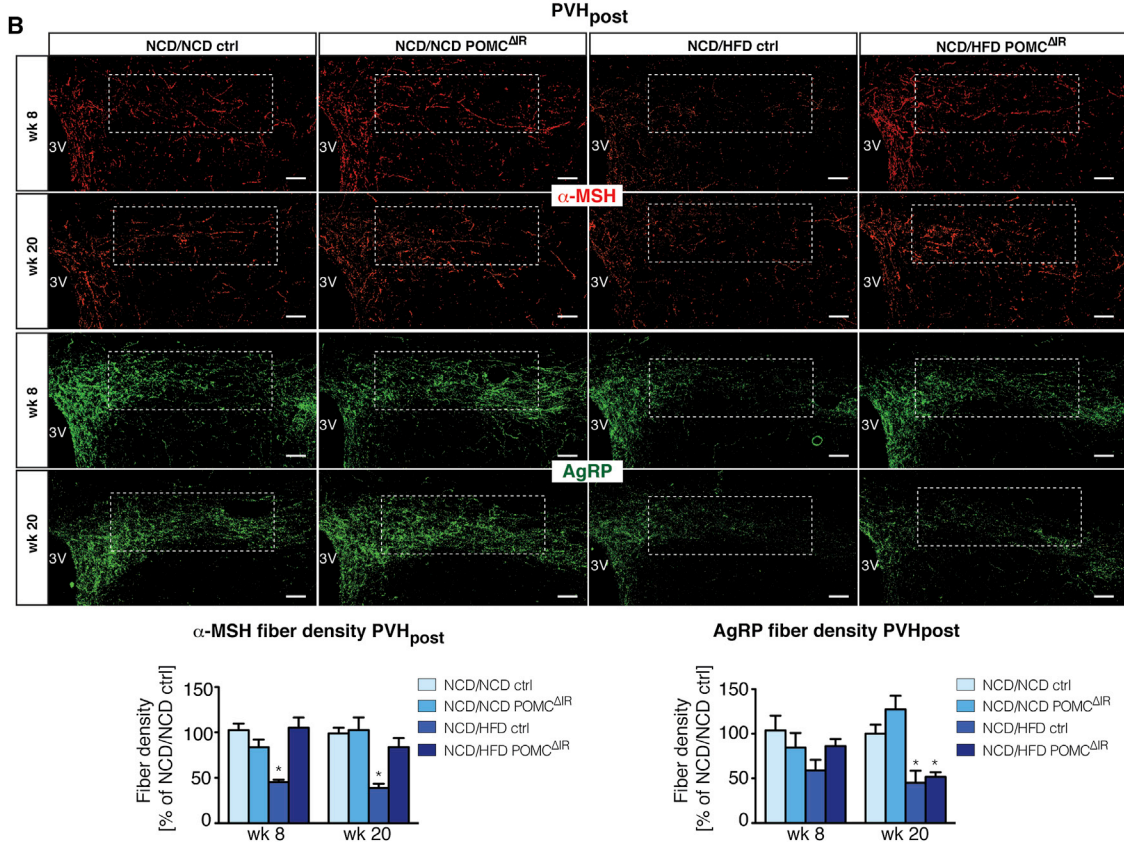
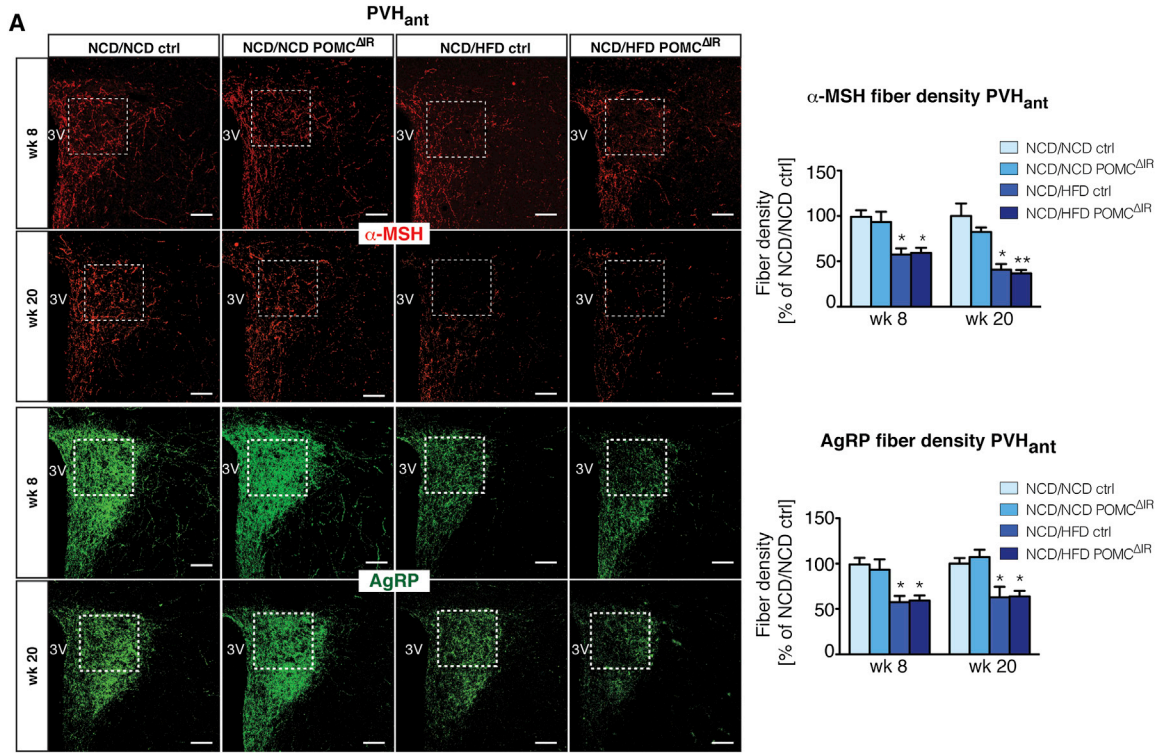
A distinct role for perinatal hyperinsulinemia in mediating metabolic programming in offspring of malnourished or diabetic mothers has been proposed as early as the 1970s (Pedersen, 1971). Since then, several human epidemiological and animal studies have further substantiated this hypothesis, though without providing direct mechanistic evidence on how abnormal insulin signaling contributes to the predisposition for metabolic diseases later in life (Harder et al., 1999; Plagemann et al., 1999; Plagemann et al., 1992; Steculorum and Bouret, 2011; Steculorum et al., 2013). Thus, to decipher the relative contribution of neuron-specific insulin signaling in mediating metabolic programming, we genetically ablated the insulin receptor (IR) from POMC neurons in offspring from postnatally HFD-fed mothers (POMC^{ΔIR}). In contrast to mice lacking the IR specifically on AgRP neurons, which display impaired regulation of hepatic glucose production, POMC^{ΔIR} mice do not have a baseline phenotype (Könner et al., 2007). Thus, employing our feeding paradigm to POMC^{ΔIR} offspring largely facilitated the interpretation of results and conclusions that could be drawn as a proof of principle for the role of hypothalamic insulin signaling during development under pathological conditions. Although insulin had been reported to have axonotrophic effects *in vitro* (Schechter et al., 1999; Toran-Allerand et al., 1988), we did not observe significant differences in POMC axonal formation between ctrl and POMC^{ΔIR} offspring from NCD-fed mothers, suggesting that IR signaling is not essential for POMC axonal organization under normal developmental conditions. Similarly, we have recently demonstrated that, in adult mice, only under obese conditions, activation of insulin signaling in the ventromedial nucleus of the hypothalamus contributes to the diet-induced inhibition of POMC neurons (Klößener et al., 2011). Moreover, offspring from obese mothers in rodents and humans display altered insulin sensitivity, including in the CNS (Catalano et al., 2009; Chen et al., 2008; Gupta et al., 2009; Morris and Chen, 2009). Accordingly, it is conceivable that in our model, neonatal

hyperinsulinemia in the offspring could result in an abnormal activation of insulin signaling in POMC neurons, thereby contributing to the disruption of melanocortin projections.

The site specificity in the rescue of POMC axonal formation to the preautonomic compartment, but not to the neuroendocrine compartment of the PVH in POMC-specific IR-deficient offspring from postnatally HFD-fed mothers, might result from the cellular heterogeneity of this neuronal population. Only a subset of POMC neurons is insulin responsive, and this subpopulation of neurons is distinct from leptin-responsive POMC neurons in the ARH (Williams et al., 2010). Thus, loss of IR signaling under hyperinsulinemic conditions might only lead to a beneficial effect on a subpopulation of POMC neurons, which might predominantly target the posterior part of the PVH. However, future studies will clearly have to address the mechanistic basis for the selective effect of IR signaling on projection formation to the PVH. Of note, Bouyer and Simerly have recently demonstrated a similar role for leptin in mediating site-specific axonal innervation of AgRP neurons to the preautonomic compartment of the PVH (Bouyer and Simerly, 2013). However, whether abnormal levels of insulin have identical effects on the axonal projections of AgRP neurons, as we described for POMC neurons, still requires further investigation.

Although we could show that POMC-specific inactivation of the IR rescues POMC axonal innervation of the preautonomic PVH, as well as glucose tolerance, and improves glucose-stimulated insulin secretion in offspring from postnatally HFD-fed mothers, loss of insulin signaling in POMC neurons neither ameliorated POMC axonal innervation of the neuroendocrine compartment of the PVH, the DMH, or the LH nor reduced the susceptibility to develop increased adiposity and insulin resistance. Thus, other mechanisms than abnormal insulin signaling in POMC neurons must play an important role in mediating metabolic programming in offspring from postnatally HFD-fed mothers. Indeed, maternal HFD feeding during lactation leads not only to increased levels of glucose and insulin, but also to elevated levels of leptin and free fatty acids in the milk (Figure S4), presumably contributing to the strong metabolic impairments in offspring exposed to maternal HFD feeding during lactation. Accordingly, the crucial role of well-balanced leptin levels during hypothalamic neurocircuit development has been established in a series of outstanding studies (Bouret et al., 2004b; Bouyer and Simerly, 2013; Vickers et al., 2005). Apart from leptin, abnormal levels of other hormones such as ghrelin, corticosterone, serotonin or elevated levels of free fatty acids in response to postnatal maternal HFD feeding might affect hypothalamic neurocircuit development and/or alter cellular plasticity in peripheral organs, thereby contributing to the predisposition of metabolic diseases (Bonnin and Levitt, 2011; Grove and Cowley, 2005; Sasaki et al., 2013). Nevertheless, among all of the developmental factors that may act synergistically and antagonistically to shape neuronal circuitry, the present study highlights a critical role of insulin in impairing long-term organization of melanocortin projections within the hypothalamus under pathological conditions during development.

Obesity has previously been associated with disturbed functions of the autonomic nervous system (Baum et al., 2013;



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Greenfield and Campbell, 2008). Consistently, our study suggests that maternal HFD feeding only during lactation results in reduced pancreatic vagus nerve innervation in the offspring. Similarly, offspring from undernourished mothers, which share several metabolic impairments with offspring from obese mothers, were reported to have a decreased pancreatic parasympathetic activity (Gravena et al., 2007). Moreover, perinatal HFD exposure was shown to reduce hepatic sympathetic innervation in nonhuman primates (Grant et al., 2012). Thus, altering maternal metabolism during development may further (directly or indirectly) affect downstream autonomic pathways, thereby potentially deteriorating proper regulation of energy and glucose homeostasis in the offspring. Accordingly, POMC and AgRP neurons not only project to intrahypothalamic areas, but also sparsely innervate distinct regions throughout the CNS, including autonomic control sites in the brainstem and spinal cord (Broberger and Hökfelt, 2001; King and Hentges, 2011), where they act on melanocortin 4 receptors to regulate energy and glucose homeostasis (Rossi et al., 2011; Sohn et al., 2013). Thus, maternal HFD feeding during lactation and the associated developmental hyperinsulinemia could also affect melanocortin projections to these autonomic control sites directly, thereby contributing to the obese and glucose-intolerant phenotype seen in NCD/HFD offspring, a possibility that clearly deserves further investigation.

Importantly, the establishment of ARH neuronal projections as it occurs during lactation in rodents occurs predominantly during the third trimester of human pregnancy in utero (Grayson et al., 2006; Grove et al., 2005; Koutcherov et al., 2003). Thus, although direct transfer of our results to the human situation warrants caution, based on these developmental differences, our experiments clearly indicate that acute changes in maternal glucose metabolism during this critical time window, i.e., the third trimester, may exert detrimental effects on the offspring's health throughout life. Because maternal glucose can freely permeate the placenta, blood glucose excursions can stimulate insulin secretion in the offspring. In fact, children of mothers with altered glucose metabolism during the last trimester of pregnancy exhibit significant hyperinsulinemia at birth (Metzger et al., 2008). In light of our results, this hyperinsulinemia specifically during the period in which melanocortin projections are formed may therefore contribute to the long-term impairment of hypothalamic regulation of energy and glucose homeostasis. Given that gestational diabetes frequently manifests during exactly this critical period (the third trimester), our results point toward the necessity of highly sensitive glucose tolerance screenings and well-controlled antidiabetic therapy for mothers—particularly during this distinct phase of pregnancy—independent of their body mass index (Mumtaz, 2000).

EXPERIMENTAL PROCEDURES

Animal Care

All animal procedures were conducted in compliance with protocols approved by local government authorities (Bezirksregierung Köln) and the Institutional Animal Care and Use Committee from Yale University and were in accordance with National Institutes of Health guidelines. Unless otherwise stated, animals were allowed ad libitum access to either normal chow diet (#T.2018.R12, Harlan Teklad Global Rodent) containing 53.5% carbohydrates, 18.5% protein, and 5.5% fat (12% fat calories from fat) or high-fat diet (#C1057, Altromin) containing 32.7% carbohydrates, 20% protein, and 35.5% fat (55.2% calories from fat), as well as drinking water. For detailed information regarding maternal diet manipulations, analytical time points of the offspring, determination of body composition and HOMA-IR, serum analyses, and glucose and insulin tolerance tests, see the [Extended Experimental Procedures](#).

Glucose- and L-Arginine-Stimulated Insulin Secretion

15-week-old, 16 hr fasted animals were intravenously (i.v.) or intraperitoneally (i.p.) injected with 1 mg g⁻¹ body weight of glucose (20% glucose, Delta Select) or 3 mg g⁻¹ body weight L-arginine (Sigma-Aldrich), respectively. Blood samples were collected 0, 2, 5, 15, and 30 min after injection. For analysis of glucose-stimulated C-peptide, GLP-1, and FFA levels, blood samples were collected before and 5 min after i.v. glucose injection. Samples used for determination of GLP-1 concentration were treated with dipeptidyl peptidase 4 inhibitor (Merck Millipore). For information regarding serum analyses, see the [Extended Experimental Procedures](#).

ARH Neuronal Cell Count

For determination of ARH neuronal cell number, POMC and AgRP neurons were counted in NCD/NCD and NCD/HFD POMC^{eGFP} and AgRP^{tdTomato} offspring, respectively. For detailed information, see the [Extended Experimental Procedures](#).

Tissue Collection and MALDI-TOF Mass Spectrometry

The ARH of 20-week-old animals were carefully microdissected under visual guidance using a binocular microscope and were then further processed to be subjected to MALDI-TOF mass spectrometry. Mass spectra were manually acquired in positive ion and reflectron mode on an ultrafleXtreme MALDI TOF/TOF mass spectrometer (Bruker Daltonics). ClinPro Tools software 3.0 (Bruker) was used for comparison of signal intensities of *Pomc* products; the results are presented as gel view in logarithmic grayscale display mode. For detailed information, see the [Extended Experimental Procedures](#).

Electrophysiology

POMC neurons were recorded from NCD/NCD and NCD/HFD POMC^{eGFP} transgenic mice (Cowley et al., 2001) at room temperature under current- and voltage-clamp in the perforated patch and whole-cell patch-clamp configuration using an EPC10 patch-clamp amplifier (HEKA). For detailed information, see the [Extended Experimental Procedures](#).

AgRP and α -MSH Immunostaining and Analyses

For the analysis of α -MSH and AgRP fiber densities, 8- and 20-week-old male mice were anesthetized and transcardially perfused with phosphate-buffered saline (PBS) (pH 7.5) followed by 4% paraformaldehyde (PFA) in borate buffer (pH 9.5) and postfixed for 4 hr in 20% sucrose 4% PFA in borate buffer and transferred to 20% sucrose in PBS overnight. 25 μ m thick sections throughout the hypothalamus were processed for immunofluorescence as previously

Figure 6. POMC-Specific IR Deficiency in NCD/HFD Offspring Rescues POMC Axonal Projections to Preautonomic Regions in the PVH

Images and quantification of α -melanocyte-stimulating hormone (α -MSH) and agouti-related-peptide (AgRP) immunoreactive fibers innervating (A) the anterior neuroendocrine paraventricular nucleus of the hypothalamus (PVH_{ant}) at 8 ($n_{\alpha\text{-MSH}} = 8$ vs. 8 vs. 10) and 20 weeks of age ($n = 5$ for all groups) and (B) the posterior preautonomic PVH (PVH_{post}) at 8 ($n_{\alpha\text{-MSH}} = 7$ vs. 6 vs. 5 vs. 6 and $n_{\text{AgRP}} = 5$ vs. 6 vs. 5 vs. 6) and 20 weeks of age ($n = 5$ for all groups). White boxes indicate area of quantification. 3V, third ventricle. Scale bar, 100 μ m. Data are presented as mean \pm SEM. * $p < 0.05$ versus all other groups of offspring unless otherwise indicated. See also [Figure S5](#) for images and quantification of α -MSH and AgRP immunoreactive fibers innervating the dorsomedial nucleus of the hypothalamus (DMH) and the lateral hypothalamic area (LH) at 20 weeks of age.

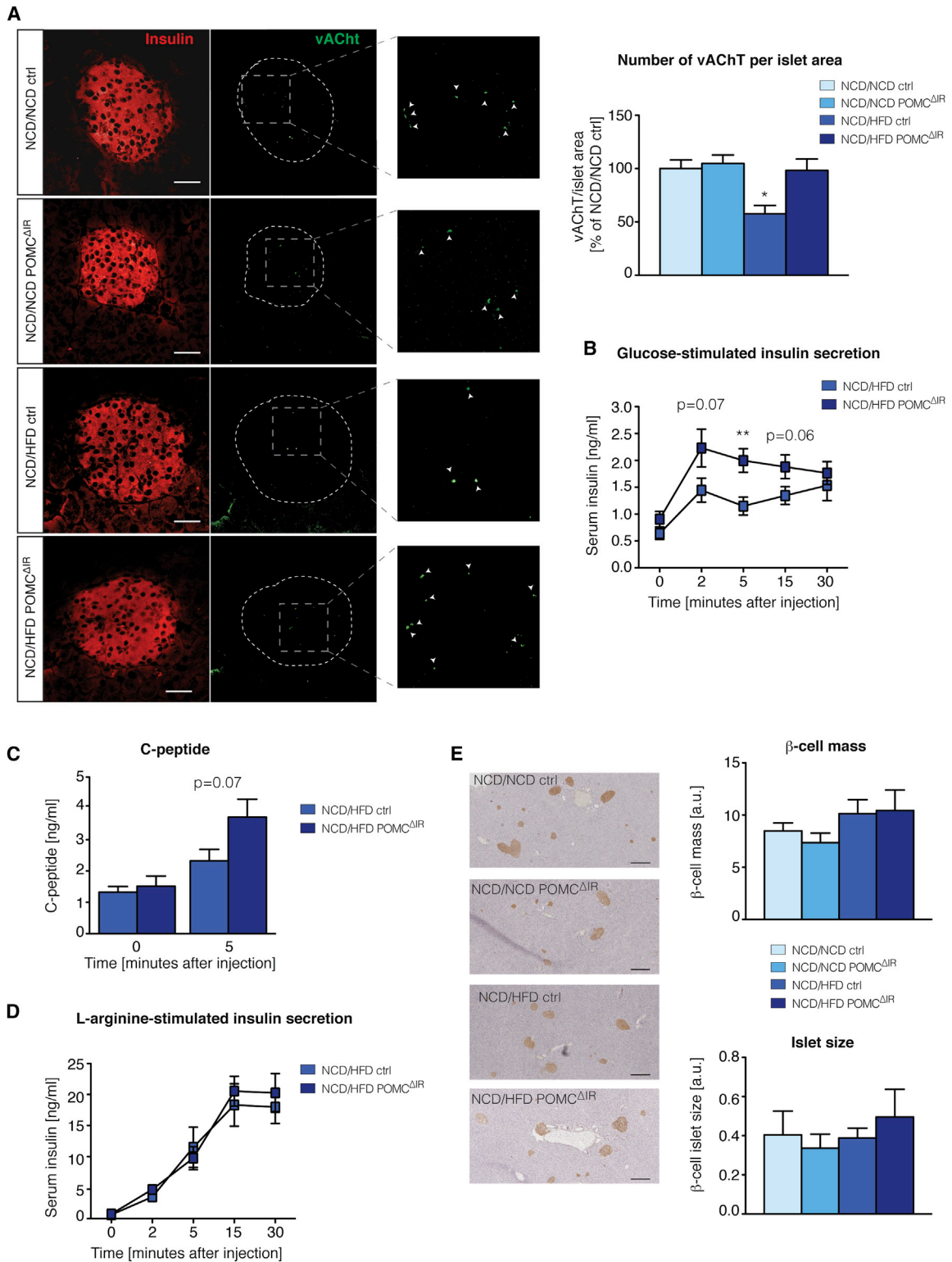


Figure 7. Effects of Maternal HFD Feeding during Lactation and POMC-Specific IR Deficiency on Pancreatic β Cells

(A) Images and quantification of the parasympathetic marker vesicular acetylcholine transporter (vAChT, green) on pancreatic β cells (insulin, red) at 20 weeks of age ($n = 6$ vs. 5 vs. 8 vs. 6). Scale bar, 50 μ m.

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described (Bouret et al., 2004b; Bouret et al., 2008; Steculorum and Bouret, 2011). In brief, sections were incubated in goat anti-AgRP (1:4,000; Phoenix Pharmaceuticals) or sheep anti- α -MSH (1:40,000, Millipore). Secondary Alexa Fluor 488 goat antirabbit IgG or Alexa Fluor 568 donkey anti-sheep IgG (1:200, Life Technologies) were used to detect primary antibodies. For detailed information regarding picture acquisition and quantification, see the [Extended Experimental Procedures](#).

Statistical Analyses

Data sets with only two independent groups were analyzed for statistical significance using unpaired two-tailed Student's *t* test. Data sets with more than two groups were analyzed using one-way analysis of variance (ANOVA) followed by Tukey's posthoc test. For statistical analyses of body weight gain, the area under the curve (AUC) from week 2 to week 20 was calculated for each mouse and was used for further statistical analyses. For statistical analyses of GTTs and ITTs, we performed two-way ANOVAs followed by Bonferroni's posthoc test. Statistically significant outliers were calculated using Grubb's test for outliers. All *p* values below 0.05 were considered significant. All displayed values are presented as mean \pm SEM. **p* < 0.05, ***p* < 0.01, and ****p* < 0.001 versus all other groups within the same diet after week 8 if not indicated otherwise.

SUPPLEMENTAL INFORMATION

Supplemental Information includes Extended Experimental Procedures and six figures and can be found with this article online at <http://dx.doi.org/10.1016/j.cell.2014.01.008>.

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(B–D) (B) Glucose-stimulated insulin secretion (*n* = 13 vs. 13), (C) C-peptide levels 0 and 5 min after glucose injection (*n* = 8 vs. 8) (see also [Figure S6](#) for corresponding glucagon-like peptide 1 and free fatty acid concentrations), and (D) L-arginine-stimulated insulin secretion at 15 weeks of age (*n* = 7 vs. 7). (E) Images and quantification of total β cell mass and average β cell islet size at 20 weeks of age (*n* = 6 vs. 5 vs. 4 vs. 5). Scale bar, 300 μ m. Data are presented as mean \pm SEM. **p* < 0.05 versus all other groups of offspring unless otherwise indicated.

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